

Case Number:	CM14-0124444		
Date Assigned:	08/08/2014	Date of Injury:	09/27/2011
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46-year-old-female, who sustained industrial injury on 9/27/11. She injured her right hip due to slip and fall at work. She was treated conservatively and given three or four cortisone injections. She continued to be symptomatic, despite conservative care. She had mechanical symptoms prior to the surgery and states that after her surgery her symptoms did not change much. She still has pain in the groin and clunking of the hip. She takes Tylenol for pain. MR arthrogram of her right hip has showed small tear of the anterior superior labrum medially and a bit of lateral posterior labral wear and early degenerative changes present. On 4/14/2014, right MRI Hip Post GAD Injection has revealed small tear of the anterosuperior labrum medially. In the lateral aspect of the anterosuperior labrum there is evidence of degenerative changes and fraying. Possible mild articular cartilage thinning of the superior femoral head. The injured worker is S/P right hip arthroplasty with labral debridement on 7/20/12 and repeat right hip arthroscopy with labral resection and debridement with chondroplasty on 06/02/14. A physical therapy progress report dated 7/15/14 indicated that the patient was doing well until she had recently increased her activity and weight bearing on the right hip. Prior to that she was reportedly demonstrating ambulation without pain with normal gait and no loss of ROM, and 4/5 strength. The rehabilitation program consisted of heat, theraband exercises, STM, ROM exercises, balance activities, closed kinetic chain exercises, pilates based exercises, and estim with ice. The request for post-operative physical therapy 1-2 per week x 4 weeks (8 sessions) is Modified: to Two (2) physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post operative Physical Therapy 1-2 per week for 4 weeks (8 Sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip.

Decision rationale: As per CA MTUS guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per ODG guidelines, Physical Therapy (PT) is recommended for hip pain; allowing for physical therapy; 9 visits over 8 weeks for the hip arthritis / pain and 18 visits post-surgical for arthritis over 12 weeks. In this case, the injured worker has received two PT visits. She has had some improvement and is noted to have normal range of motion, strength of 4/5 and no pain with ambulation, but pain with increased activities. At this juncture, this patient should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. Furthermore, additional PT will exceed the number of recommended PT visits. Therefore, the requested Physical therapy visits is not medically necessary according to the guidelines.